

CHAPTER 2
SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: RECORD TYPE INDICATOR (2-001)			
VALIDITY EDITS			
2-001-01V	MUST = ‘2’ (NON-INSTITUTIONAL)		
RELATIONAL EDITS			
2-001-01R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA
AND A MATCH IS FOUND ON THE TMA DATABASE			
THEN THE RECORD TYPE FOR THE TED ON THE DATABASE MUST = THE RECORD TYPE ON THE ADJUSTMENT/CANCELLATION TED BEING SUBMITTED.			
ELEMENT NAME: FILING DATE (2-015)			
VALIDITY EDITS			
2-015-01V	MUST BE A VALID JULIAN DATE.		
RELATIONAL EDITS			
2-015-01R	FILING DATE MUST BE ≤DATE TED RECORD PROCESSED TO COMPLETION		
2-015-02R	END DATE OF CARE PLUS ONE YEAR MUST BE > FILING DATE		
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	F	CLAIM FILED AFTER DEADLINE
2-015-03R	IF ONE OCCURRENCE OF OVERRIDE CODE =	F	CLAIM FILED AFTER DEADLINE
THEN BEGIN DATE OF CARE PLUS SIX YEARS MUST BE > FILING DATE			
ELEMENT NAME: FILING STATE/COUNTRY CODE (2-020)			
VALIDITY EDITS			
2-020-01V	MUST BE A VALID STATE/COUNTRY CODE (REFER TO CHAPTER 2, ADDENDUM A AND ADDENDUM B .)		
RELATIONAL EDITS			
NONE			

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: SEQUENCE NUMBER (2-025)

VALIDITY EDITS

2-025-01V THE FIRST 5 CHARACTERS MUST BE A COMBINATION OF ALPHABETIC OR NUMERIC CHARACTERS LAST 2 CHARACTERS MUST BE BLANK.

NOTE: THE FIRST 5 CHARACTERS CANNOT BE SPACES OR SPECIAL CHARACTERS.

RELATIONAL EDITS

NONE

ELEMENT NAME: TIME STAMP (2-030)

VALIDITY EDITS

2-030-01V MUST BE NUMERIC AND GREATER THAN 0.

RELATIONAL EDITS

NONE

ELEMENT NAME: ADJUSTMENT KEY (2-035)

VALIDITY EDITS

2-035-01V MUST BE ALPHA, '0' OR '5'

RELATIONAL EDITS

NONE

ELEMENT NAME: DATE TED RECORD PROCESSED TO COMPLETION (2-040)

VALIDITY EDITS

2-040-01V MUST BE A VALID GREGORIAN DATE.

RELATIONAL EDITS

2-040-01R DATE TED RECORD PROCESSED TO COMPLETION MUST BE ≤ BATCH/VOUCHER DATE

2-040-02R DATE TED RECORD PROCESSED TO COMPLETION MUST BE < CURRENT SYSTEM DATE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: DATE ADJUSTMENT IDENTIFIED (2-045)

VALIDITY EDITS

2-045-01V MUST BE EITHER A VALID GREGORIAN DATE **OR** ALL ZEROES.

RELATIONAL EDITS

2-045-01R	IF TYPE OF SUBMISSION =	D	DENIAL OR
		I	INITIAL SUBMISSION OR
		O	ZERO PAYMENT WITH 100% OHI/TPL OR
		R	RESUBMISSION

THEN DATE ADJUSTMENT IDENTIFIED MUST BE ALL ZEROS.

2-045-02R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN DATE ADJUSTMENT IDENTIFIED MUST BE A VALID GREGORIAN DATE.

UNLESS THE ADJUSTMENT IS TO CORRECT A PROVISIONALLY ACCEPTED RECORD

THEN DATE ADJUSTMENT IDENTIFIED MUST BE THE SAME AS IN THE RECORD ON THE TMA DATABASE

2-045-03R	IF TYPE OF SUBMISSION =	A	ADJUSTMENT OR
		B	ADJUSTMENT TO NON-TED RECORD (HCSR) DATA OR
		C	COMPLETE CANCELLATION OR
		E	COMPLETE CANCELLATION OF NON-TED RECORD (HCSR) DATA

THEN DATE ADJUSTMENT IDENTIFIED MUST BE \leq DATE TED RECORD PROCESSED TO COMPLETION **AND** \geq FILING DATE¹.

¹ NOT APPLICABLE IF THE TED RECORD IS A PROVISIONAL ERROR CORRECTION ADJUSTMENT, RETAIN THE INFORMATION AS REPORTED ON THE TED RECORD THAT IS BEING CORRECTED.

ELEMENT NAME: PERSON IDENTIFIER (SPONSOR) (2-050)

VALIDITY EDITS

2-050-01V MUST BE 9 NUMERIC DIGITS (CANNOT BE ALL ZEROES **OR** ALL NINES)

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME:	PERSON IDENTIFIER TYPE CODE (SPONSOR) (2-051)
----------------------	--

VALIDITY EDITS

2-051-01V	MUST BE A VALID VALUE LOCATED IN CHAPTER 2, SECTION 2.7
------------------	---

RELATIONAL EDITS

NONE

ELEMENT NAME:	SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (2-055)
----------------------	---

VALIDITY EDITS

2-055-01V	MUST BE A VALID SERVICE BRANCH CLASSIFICATION CODE (SPONSOR) (REFER TO CHAPTER 2, SECTION 2.8)
------------------	---

RELATIONAL EDITS

REFER TO CHAPTER 2, SECTION 9.1

ELEMENT NAME:	AGR SERVICE LEGAL AUTHORITY CODE (2-056)
----------------------	---

VALIDITY EDITS

2-056-01V	MUST BE VALID AGR SERVICE LEGAL AUTHORITY CODE (REFER TO CHAPTER 2, SECTION 2.4)
------------------	--

RELATIONAL EDITS

REFER TO CHAPTER 2, SECTION 9.1
--

ELEMENT NAME:	PERSON LAST NAME (PATIENT) (2-061)
----------------------	---

VALIDITY EDITS

2-061-01V	MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).
------------------	--

RELATIONAL EDITS

NONE

ELEMENT NAME:	PERSON FIRST NAME (PATIENT) (2-062)
----------------------	--

VALIDITY EDITS

2-062-01V	MUST BE AT LEAST 1 CHARACTER (LEFT-JUSTIFIED).
------------------	--

RELATIONAL EDITS

NONE

ELEMENT NAME:	PERSON MIDDLE NAME (PATIENT) (2-063)
----------------------	---

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME:	PERSON CADENCY NAME (PATIENT) (2-064)
VALIDITY EDITS	

NONE

RELATIONAL EDITS	
-------------------------	--

NONE

ELEMENT NAME:	PERSON IDENTIFIER (PATIENT) (2-065)
VALIDITY EDITS	

2-065-01V MUST BE 9 NUMERIC DIGITS (IF PRESENT) OR ALL BLANKS.
 CANNOT BE ALL ZEROES OR ALL NINES.

RELATIONAL EDITS	
-------------------------	--

NONE

ELEMENT NAME:	PERSON IDENTIFIER TYPE CODE (PATIENT) (2-066)
VALIDITY EDITS	

2-066-01V MUST BE A VALID VALUE LISTED IN [CHAPTER 2, SECTION 2.7](#)

RELATIONAL EDITS	
-------------------------	--

NONE

ELEMENT NAME:	PERSON BIRTH CALENDAR DATE (PATIENT) (2-070)
VALIDITY EDITS	

2-070-01V MUST BE VALID GREGORIAN DATE.

RELATIONAL EDITS	
-------------------------	--

2-070-01R PERSON BIRTH CALENDAR DATE (PATIENT) MUST BE 125 YEARS
 OR LESS THEN SYSTEM RUN DATE

2-070-02R PERSON BIRTH CALENDAR DATE (PATIENT) ≤BEGIN DATE OF CARE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075)		
VALIDITY EDITS		
2-075-01V	MUST BE A VALID DEERS DEPENDENT SUFFIX (REFER TO CHAPTER 2, SECTION 2.4)	
2-075-02V	IF TYPE OF SERVICE (SECOND POSITION) =	M MAIL ORDER PHARMACY DRUGS & SUPPLIES
THEN DEERS DEPENDENT SUFFIX MUST ≠ BLANK		
RELATIONAL EDITS		
NO ERROR	IF DEERS DEPENDENT SUFFIX = BLANK	
THEN BYPASS ALL DEERS DEPENDENT SUFFIX RELATIONAL EDITING		
2-075-01R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 17	
	THEN DEERS DEPENDENT SUFFIX MUST ≠	20 SPONSOR
2-075-02R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ ≥ 21	
	THEN DEERS DEPENDENT SUFFIX MUST ≠	01-19 CHILDREN
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	D PATIENT IS FAMILY MEMBER 21 YEARS OF AGE OR OLDER
2-075-03R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ < 12	
	THEN DEERS DEPENDENT SUFFIX MUST ≠	30-39 SPOUSE
	UNLESS ONE OCCURRENCE OF OVERRIDE CODE =	B PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
2-075-04R	IF DEERS DEPENDENT SUFFIX =	20 SPONSOR
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	A SELF
2-075-05R	IF DEERS DEPENDENT SUFFIX =	01-19 CHILDREN OR
		60-69 OTHER ELIGIBLE DEPENDENTS (INCLUDING FORMER SPOUSE) OR
		70-75 UNKNOWN
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	C CHILD OR STEP CHILD OR
		D WARD (NOT COURT ORDERED) OR
		E WARD (COURT ORDERED)
2-075-07R	IF DEERS DEPENDENT SUFFIX =	30-39 SPOUSE OR
		60-69 OTHER ELIGIBLE DEPENDENTS
	THEN HCC MEMBER RELATIONSHIP CODE MUST =	B SPOUSE OR
		G SURVIVING SPOUSE OR
		H FORMER SPOUSE (20/20/20) OR
		I FORMER SPOUSE (20/20/15) OR

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: DEERS DEPENDENT SUFFIX (2-075) (CONTINUED)

		J	FORMER SPOUSE (10/20/10) OR
		K	FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-075-08R	IF HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	THEN DEERS DEPENDENT SUFFIX MUST =	01-19	CHILDREN OR
		30-39	SPOUSE
	ELSE HCC MEMBER CATEGORY CODE =	T	FOREIGN MILITARY MEMBER
	AND HCC MEMBER RELATIONSHIP CODE =	A	SELF
	THEN ANY OCCURRENCE OF SPECIAL PROCESSING CODE MUST	AN	SHCP - NON-REFERRED CARE OR
		AR	SHCP - REFERRED CARE OR
		SC	SHCP - NON-TRICARE ELIGIBLE OR
		SM	SHCP - EMERGENCY
	OR ENROLLMENT/ HEALTH PLAN CODE CODE MUST =	SO	SHCP - NON-TRICARE ELIGIBLE OR
		SN	SHCP - NON-MTF REFERRED OR
		SR	SHCP - REFERRED
2-075-09R	IF ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	PF	PPPWD
	THEN DEERS DEPENDENT SUFFIX MUST =	01-19	CHILDREN OR
		30-39	SPOUSE
2-075-10R	IF DEERS DEPENDENT SUFFIX =	70-74	UNKNOWN
	AND PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE¹ > 2 YEARS		
	THEN TYPE OF SUBMISSION =	D	COMPLETE DENIAL

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

ELEMENT NAME: PATIENT IDENTIFIER (DoD) (2-080)

VALIDITY EDITS

NONE

RELATIONAL EDITS

NONE

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: DEERS IDENTIFIER (PATIENT) (2-082)

VALIDITY EDITS

2-082-01V POSITIONS 10 AND 11 MUST BE NUMERIC

RELATIONAL EDITS

NONE

ELEMENT NAME: PERSON SEX (PATIENT) (2-085)

VALIDITY EDITS

2-085-01V MUST BE 'F' OR 'M'.

RELATIONAL EDITS

NONE

ELEMENT NAME: PATIENT ZIP CODE (2-090)

VALIDITY EDITS

2-090-01V MUST BE A VALID ZIP CODE¹; EITHER 9 DIGITS,
OR 5 DIGITS (NOT 5 ZEROES OR 5 NINES) FOLLOWED BY 4 BLANKS,
OR 3 CHARACTERS FOREIGN COUNTRY CODE FOLLOWED BY 6 BLANKS.
MUST NOT BE ALL ZEROES OR ALL NINES.

2-090-02V MUST BE VALID ZIP CODE IN THE ELECTRONIC ZIP CODE FILE,
BASED ON THE BEGIN DATE OF CARE
OR THE FIRST 3 CHARACTERS AGAINST COUNTRY CODES TABLE².

RELATIONAL EDITS

NO ERROR IF BEGIN DATE OF CARE IS OLDER THAN 6 YEARS
THEN DO NOT CHECK IF ZIP CODE IS IN CATCHMENT AREA

2-090-01R IF CA/NAS EXCEPTION REASON IS CODED
THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF⁴ CATCHMENT AREA³.

2-090-02R IF CA/NAS NUMBER IS PRESENT
THEN PATIENT ZIP CODE MUST BE WITHIN AN MTF⁴ CATCHMENT AREA³.

UNLESS ONE OCCURRENCE OF
SPECIAL PROCESSING CODE = ST⁴ SPECIALIZED TREATMENT

THEN BYPASS THIS EDIT

¹ 5 DIGIT ZIP CODE WILL BE EDITED AGAINST A GOVERNMENT PROVIDED FILE.

² WHEN FOREIGN COUNTRY IS SUBMITTED THE FIRST 3 CHARACTERS WILL BE EDITED AGAINST CHAPTER 2, ADDENDUM A.

³ CATCHMENT AREA DETERMINATION IS BASED ON BEGIN DATE OF CARE.

⁴ MTF IS A 40 MILES CATCHMENT AREA.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: OVERRIDE CODE (2-095)		
VALIDITY EDITS		
2-095-01V	OCCURRENCE NUMBER 1--MUST BE A VALID OVERRIDE CODE ²	
2-095-02V	OCCURRENCE NUMBER 2--MUST BE A VALID OVERRIDE CODE ²	
2-095-03V	OCCURRENCE NUMBER 3--MUST BE A VALID OVERRIDE CODE ²	
2-095-04V	A VALUE CANNOT BE CODED MORE THAN ONCE (EXCEPT BLANK).	
2-095-05V	OVERRIDE CODE OCCURRENCES MUST BE LEFT JUSTIFIED	
RELATIONAL EDITS		
2-095-01R	IF PERSON BIRTH CALENDAR DATE (PATIENT) INDICATES AGE ¹ ≥ 65	
	THEN ONE OCCURRENCE OF OVERRIDE CODE MUST =	A PATIENT IS OVER 65
	UNLESS ENROLLMENT/HEALTH PLAN CODE =	BB TSP OR
		FE TFL - EXTRA OR
		FS TFL - STANDARD OR
		PS TSRx OR
		TS TSS
2-095-02R	IF ANY OCCURRENCE OF OVERRIDE CODE =	
	A	PATIENT IS OVER 65
	THEN PATIENT AGE MUST BE ≥ 65	
2-095-03R	IF ANY OCCURRENCE OF OVERRIDE CODE =	
	B	PATIENT IS A SPOUSE UNDER 12 YEARS OF AGE
	THEN PATIENT AGE MUST BE < 12	
	AND HCC MEMBER RELATIONSHIP CODE =	B SPOUSE OR
	G	SURVIVING SPOUSE
2-095-04R	IF ANY OCCURRENCE OF OVERRIDE CODE =	
	D	PATIENT IS DEPENDENT 21 YEARS OF AGE
	THEN PATIENT AGE MUST BE ≥ 21	
	AND HCC MEMBER RELATIONSHIP CODE =	C CHILD OR STEPCHILD OR
		D WARD (NOT COURT ORDERED) OR
	E	WARD (COURT ORDERED)
2-095-05R	IF ANY OCCURRENCE OF OVERRIDE CODE =	
	I	PATIENT IS A FORMER SPOUSE UNDER 34 YEARS OF AGE
	THEN PATIENT AGE ¹ MUST BE < 34	
	AND HCC MEMBER RELATIONSHIP CODE =	H FORMER SPOUSE (20/20/20) OR
¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.		
² AS STATED IN CHAPTER 2, SECTION 2.6 .		
³ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2002 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.		

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)	
	I FORMER SPOUSE (20/20/15) OR
	J FORMER SPOUSE (10/20/10) OR
	K FORMER SPOUSE (TRANSITIONAL ASSISTANCE (COMPOSITE))
2-095-06R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	M NATO
	THEN HCC MEMBER CATEGORY CODE MUST =
	T FOREIGN MILITARY MEMBER
2-095-07R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	E DIAGNOSIS IS MATERNITY; PATIENT IS UNDER 12 YEARS OF AGE
	THEN PATIENT AGE MUST BE < 12
	AND AT LEAST ONE TREATMENT DIAGNOSIS MUST = MATERNITY
2-095-08R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	G DIAGNOSIS/PROCEDURAL CODE FOR FEMALE: SEX INDICATES MALE
	THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR FEMALE
	AND PERSON SEX (PATIENT) MUST BE MALE.
2-095-09R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	H DIAGNOSIS/PROCEDURAL CODE FOR MALE: SEX INDICATES FEMALE
	THEN AT LEAST ONE PROCEDURE OR DIAGNOSIS CODE MUST BE FOR MALE
	AND NOT FOR CIRCUMCISION (PROCEDURE CODE ³ 54150 OR 54160)
	AND PRINCIPAL/SECONDARY TREATMENT DIAGNOSIS IS NOT FOR DELIVERY (REFER TO FIGURE 2-E-10)
	AND PERSON SEX (PATIENT) MUST BE FEMALE.
2-095-10R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	R PERSON BIRTH CALENDAR DATE (PATIENT) IS NOT CONSISTENT WITH PROCEDURE/ DIAGNOSIS CODE AGE RESTRICTING; PROCEDURE PERFORMED DUE TO MEDICAL NECESSITY
	THEN PRINCIPAL TREATMENT DIAGNOSIS CODE HAS AN AGE PARAMETER RESTRICTION
	AND PATIENT'S AGE IS NOT CONSISTENT WITH RESTRICTIONS
2-095-11R	IF ANY OCCURRENCE OF OVERRIDE CODE =
	NC NON-CERTIFIED PROVIDER (DOES NOT INCLUDE SANCTIONED/SUSPENDED PROVIDERS)
	THEN ONE OCCURRENCE OF SPECIAL PROCESSING CODE MUST =
	AN SHCP - NON-MTF REFERRED CARE OR

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

² AS STATED IN [CHAPTER 2, SECTION 2.6](#).

³ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2002 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002

CHAPTER 2, SECTION 6.1

NON-INSTITUTIONAL EDIT REQUIREMENTS (ELN 000 - 099)

ELEMENT NAME: OVERRIDE CODE (2-095) (CONTINUED)

AR	SHCP - REFERRED CARE OR
CE	SHCP COMPREHENSIVE CLINICAL EVALUATION PROGRAM OR
EU	EMERGENCY SERVICES RENDERED BY AN UNAUTHORIZED PROVIDER OR
GU	ADSM ENROLLED IN TPR OR
MN	TSP-NETWORK OR
MS	TSP-NON-NETWORK OR
SC	SHCP - NON-TRICARE ELIGIBLE OR
SE	SHCP - TRICARE ELIGIBLE OR
SM	SHCP - EMERGENCY

¹ PATIENT AGE IS CALCULATED BASED ON PERSON BIRTH CALENDAR DATE (PATIENT) AND CARE DATES.

² AS STATED IN [CHAPTER 2, SECTION 2.6](#).

³ CPT CODES, DESCRIPTIONS AND OTHER DATA ONLY ARE COPYRIGHT 2002 AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. APPLICABLE FARS/DFARS RESTRICTIONS APPLY TO GOVERNMENT USE.

